



# APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date May 26, 1977	1. Agency Address Georgia Department of Human Resources Division of Physical Health - Vital Records Section - Room 217-H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334	Application Number 74-408-A	
Application Number DHR-149		Date Received MAY 27 1977	Date Completed JUL 28 1977

2. Person to Contact Mrs. Jean Reddy	Working Title Acting Supervisor	JUL 21 1977	Telephone Number 656-4901
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3. Action Requested

a. ☐ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☒ Amend Application No. 74-408 Check One: ☐ Change; ☒ Supersede; ☐ Void

4. Dates of Series Earliest 1972	Latest to present	5. Records Series Title (followed by title used in office, if different) REQUEST FOR SEARCH OF RECORDS FILES
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6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Division of Health is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of disease; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.

Vital Records Section has the responsibility to provide services for the registration, statistical coding, certification, and preservation of records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, and legitimation of births which occur each year within the State.

7. Record Series Description This file contains the following documents (include form numbers and titles, if any):

Attach samples of the file.

Documents relating to: requests for certified copies of vital records -- births, marriage, divorce, and death.

Included are: Included are completed forms: OAS (5)-16 (2-74) (Request for Search of Birth Records) which shows name at birth, date of birth, present age, race, sex, place of birth, full name of father, full name of mother before marriage, name and date of birth of next older and next younger brother or sister, purpose for which certificate is to be used, and name, address, and relationship of person to whom certificate is to be mailed, information as to whether certificate was issued, and fee; OAS (5)-64 (Request for Search of Marriage or Divorce Record) which gives name of groom, maiden name of bride, date of marriage or divorce, county of marriage or divorce, and name, address and relationship of person requesting information; and OAS (5)-17 (2-74) (Request for Search of Death Records) which shows name of decedent, date of death, age, race, sex, place of death, name of

File is arranged:

The file is arranged in alphabetical order as follows: by name of child in case of

8. Monthly Reference Rate How often are records referred to which are:

One to six months old \_\_\_\_\_; Seven to twelve months old \_\_\_\_\_; Thirteen to twenty-four months old \_\_\_\_\_; twenty-five months and older \_\_\_\_\_; daily filing and referencing

9. Annual Rate of Accumulation of Records

Letter-size drawers \_\_\_\_\_; Legal-size drawers \_\_\_\_\_; Shelves 35-40 cu. ft. \_\_\_\_\_; Other (specify) \_\_\_\_\_

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)

Agency Head/Designee (Signature)	Michael R. Lawrence	Date	5-26-77
Records Management Officer (Signature)	Elizabeth H. Crane	Date	5/26/77
State Auditor/Designee	[Signature]	Date	7-28-77
Secretary of State/Designee	Carroll Reed	Date	4-28-77
Attorney General/Designee	[Signature]	Date	7-15-77

State Records Committee (Signature) \_\_\_\_\_ Date \_\_\_\_\_

## Non-Fee Legitimations

These instructions apply to all prior and future accumulations of the series. 7 years; then destroy.

Files containing any legal documents - (school records, army discharge, etc)

Files consisting of routine requests - correspondence and certificates

Upon return of documents, place in returned mail file, cut-off file monthly, hold in current files area 1 year; then destroy.

Upon return of documents place in returned mail file, cut-off file monthly, hold 2 years in current files area, then transfer to Vital Records Local Holding area or the State Records Center, hold 3 years then destroy.

Cut-off file monthly, hold in current files area

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify) \_\_\_\_\_

## 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

- ☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

see attached Vital Statistics Laws

\* \* see item 12

Attach copy or excerpt of laws or regulations. Explain administrative need.

- a. State Law \_\_\_\_\_ years.
- b. Statute of limitation \_\_\_\_\_ years.
- c. Federal law \_\_\_\_\_ years.
- d. Audit period \_\_\_\_\_ years.
- e. Administrative need \_\_\_\_\_ years.
- f. Federal retention instructions \_\_\_\_\_ years.

## 11. Retention Requirements

The following requires the series to be kept:

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series for a major portion of it regularly microfilmed?
	X	j. Does the record series result in a computer printout?

Application for Records Retention Schedule

Request for Search of Records Files

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7. husband or wife, occupation of deceased, name of funeral director, name of doctor, place of burial, and name and address of person to whom certificate is to be mailed. Also included are letters received and answered concerning requests for information regarding laws, rules, regulations and practices followed by the Vital Records Section in all types of areas concerning vital records.

(File arrangement - continued)

birth; by name of groom in case of marriage or divorce; by name of decedent in case of death; and by name of addressee in all other cases.